2005 FOR PROFIT CORPORATION

FILED Anr 22. 2005 08:00 AM e

ANNUAL REPORT				Apr 22, 2003 08:00	
DOCUMENT # P97000016784				56	ecretary of Stat
	f. Entity Name LIBERTY LAKE UNDERHILL, INC.				
LIBLIXII	LAKE ONGERNIEE, INO.				
Principal Plac	ce of Business	Mailing Address			
310 W CENTRAL PARKWAY, SUITE 7000 310 W CENTRAL PARKWAY, SI ALTAMONTE SPRINGS, FL 32714 ALTAMONTE SPRINGS, FL 32					
DO NOT WRITE IN THIS SPA			CE	02032005 No Chg-P	CR2E034 (10/03)
]		and a start and many and at	-	4. FEI Number 59-3427616	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
<u> </u>	6. Name and Address of Current I	Registered Agent		er i i i i i i i i i i i i i i i i i i i	
MIKKELSON, W. MICHAEL 310 W CENTRAL PARKWAY, SUITE 7000 ALTAMONTE SPRINGS, FL 32714				DO NOT W	
			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both, in the State of FI	orida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent as	nd fire if applicable (NOTE Register)	ed Agent signature required	waca reninding)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution.		00 May Be ed to Fees	
10.	OFFICERS AND L	DIRECTORS		- Carrier and Long of the broken street to be	
TITLE	D MICKEL SON W MICHAEL	- # -] 	akan di kumunya syaéta sangga	
name Street address	MIKKELSON, W. MICHAEL 310 W CE <u>N</u> TRAL PARKWAY, SU	ITE 7000]		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327	<u> </u>			
TITLE		£	State of State Control of the		5-80087-017 150.00
name Street address			ĺ		
CITY-ST-ZIP			İ		
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NAME Street address					
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NAME	,		ļ.	na itino ot	**************************************
Street Address City-St-Zip)		ł		
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NAME				*** ** ***** ** ** * * *	the same of the sa
STREET ADDRESS	}		1		
CITY-ST-ZIP				The second secon	
TITLE NAME],	The second secon	r ever room
STREET ADDRESS			1		

12. I hereby certily that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Fiorida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE: Mm. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407:774 8818 Ceylime Phone #